□ Rule 506

Telepho

Telepho

□ other

☐ Actual

# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

RECO S.E.C. FEB - 2 2005

FrontPoint Offshore Multi-Strategy Fund Series A, Ltd.

Enter the information requested about the issuer

FrontPoint Offshore Multi-Strategy Fund Series A, Ltd.

Actual or Estimated Date of Incorporation or Organization:

☐ New Filing

Filing Under (Check box(es) that apply):

Address of Principal Business Operations

(if different from Executive Offices)

Type of Filing:

Name of Issuer

corporation

■ business trust

Address of Executive Offices

Brief Description of Business

Type of Business Organization

1086

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)

☐ Rule 504

( check if this is an amendment and name has changed, and indicate change.)

Amendment

# FORM D

☐ Rule 505

A. BASIC IDENTIFICATION DATA

(Number and Street, City, State, Zip Code)

(Number and Street, City, State, Zip Code)

limited partnership, already formed

☐ limited partnership, to be formed

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Prefix

SEC USE ONLY

DATE RECEIVED
Section 4(6) ULOE
and the second of
ne Number (Including Area Code)
ne Number (Including Area Code)
PROCESSED
FEB 03 2005
THOMSON FINANCIAL
(please specify):

☐ Estimated

### **GENERAL INSTRUCTIONS**

Jurisdiction of Incorporation or Organization:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

(Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

Year

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Enter the information reque	ested for the following:	A. BASIC IDENTIF	ICATION DATA								
'	•	neen organized within the past five	vears:								
•	<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> </ul>										
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and											
<ul> <li>Each general and ma</li> </ul>	naging partner of partner	ship issuers.									
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner						
Full Name (Last name first, it	individual)										
FrontPoint Partners LLC											
Business or Residence Addr	ess (Number and Stre	et, City, State, Zip Code)									
80 Field Point Road, Greenw	rich, CT 06830										
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, it	individual)										
Caffray, W. Gillespie											
Business or Residence Addr	ess (Number and Stre	et, City, State, Zip Code)									
80 Field Point Road, Greenw	ich, CT 06830										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Ghaffari, Paul											
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)									
80 Field Point Road, Greenw	ich, CT 06830										
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Lang, Martin											
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)									
80 Field Point Road, Greenw	ich, CT 06830										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Byrne, Martin											
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)									
80 Field Point Road, Greenw	ich, CT 06830										
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
CA - ISBL S/A CDC ICM Top	Alpha III										
Business or Residence Addre	•	et, City, State, Zip Code)									
39, Allée Scheffler - L 2520 I	_uxembourg										
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	•										
OFIVM Sub Account Palmare	es/Oval Alpha Palmare	es <u></u>									
Business or Residence Address 1 Rue Vernier, Paris, France	·	et, City, State, Zip Code)									
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
OFIVM Sub Account Palmare	es/Palmares Europlus										
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)									
1 Rue Vernier, Paris, France	75017										
	(Liee blank el	heet, or conviand use addition	al conies of this sheet as	necessary)	· · · · · · · · · · · · · · · · · · ·						

#### Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) SGBT Lux/UMR Business or Residence Address (Number and Street, City, State, Zip Code) 11 avenue Emile Reuter, L-2420 Luxembourg Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \preceq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold \$ Debt ..... \$31,691,459 \$31,691,459 Equity..... ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests \$ Other (Specify \$31,691,459 \$31,691,459 Total..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors.... Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Type of offering Security Sold Rule 505 ..... \$ Regulation A ..... Rule 504 ..... Total..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the Transfer Agent's Fees....

Legal Fees Accounting Fees ..... Engineering Fees. Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total...... \$35,000

\$35,000

Printing and Engraving Costs....

	<ul> <li>b. Enter the difference between the aggreg</li> <li>Question 1 and total expenses in response the "adjusted gross proceeds to the issuer."</li> </ul>	gate offering price given in response to Part ( e to Part C – Question 4.a. This difference i	s	<u>\$31,656,459</u>				
5.	Indicate below the amount of the adjusted gr to be used for each of the purposes shown. furnish an estimate and check the box to the listed must equal the adjusted gross proceed – Question 4.b above.	If the amount for any purpose is not known left of the estimate. The total of the payment	ı, s					
				Payments to Officers, Directors & Affiliates		Payments To Others		
	Salaries and fees	:	. 🗆	\$		\$		
	Purchase of real estate	;	. 🗆	\$		\$		
	Purchase, rental or leasing and installation	on of machinery and equipment	🗆	\$		\$		
		and facilities		\$		\$		
	Acquisition of other businesses (including offering that may be used in exchange for	g the value of securities involved in this or the assets or securities of another issuer			· —	•		
	•			\$		\$		
	Repayment of indebtedness	:	🔲	<u>\$</u>		\$		
	<u> </u>		🗆	\$		\$		
	Other (specify): Investment in limited	partner interest of affiliated entity.	_ 🗆	\$		\$31,656,459		
			- 🗆	\$		\$		
	Column Totals	:	. 🗆	\$	$\boxtimes$	\$31,656,459		
	Total Payments Listed (column totals add	ded)		<b>⊠</b> \$31,65	. — 56, <b>4</b> 59			
		D. FEDERAL SIGNATURE						
con	issuer has duly caused this notice to be signed stitutes an undertaking by the issuer to furnish this ished by the issuer to any non-accredited investigation.	to the U.S. Securities and Exchange Commis	sion, up					
ssı	er (Print or Type)	Signature 4		Date				
-ro	ntPoint Offshore Multi-Strategy Fund Series A,	M		January 31, 2005				
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
٩rt٢	ur Lev	Attorney-in-Fact of the Issuer						
		\$						
		:						
		ATTENTION						

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)